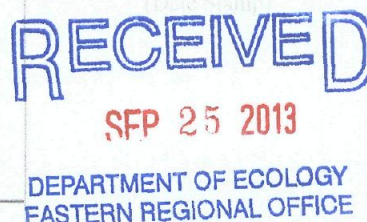




# Application for Change/Transfer of Water Right



For filing with the Department of Ecology *or* with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>9-25-2013</u>
CHECK NO.	<u>3347</u> FEE \$ <u>88.89</u>
DATE ACCEPTED	<u>9-25-2013</u> BY <u>KT</u>
CHANGE NO.	<u>CG3-24271C</u>
COUNTY	<u>Grant</u> WRIA <u>41</u>
SPECIAL AREA	<u>QB Grey Area</u>
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO.	PERMIT NO.
CERT NO. <u>G3-24271C</u>	CERT OF CHG NO.

☒ I have participated in a pre-application conference with Ecology.

## 1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
RSBC LLC Attn: Barclay Crane	509-710-2681	
ADDRESS		
12020 North Vistawood Court		
CITY	STATE	ZIP CODE
Spokane	WA	99218-2969
EMAIL ADDRESS (IF AVAILABLE)		
bacra@hotmail.com		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Charles B. Roe, Jr.	360-357-9493	360-357-9493
ADDRESS		
2400 Wedgewood Dr. SE		
CITY	STATE	ZIP CODE
Olympia	WA	98501
EMAIL ADDRESS (IF AVAILABLE)		
croejr@comcast.net		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Clayton Voglesong		
ADDRESS		
18010 Baseline Road West		
CITY	STATE	ZIP CODE
Quincy	WA	98848
EMAIL ADDRESS (IF AVAILABLE)		

## 2. Water Right Information



WATER RIGHT OR CLAIM NUMBER Certificate No. G3-24271C	RECORDED NAME(S) Clayton Fogelsong
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>*See Appendix A (above listed Certificate), attached.</u> IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

***Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application. (\*See Appendix B (Affidavit of Clayton Foglesong), attached.)***



3. Point(s) of Diversion/Withdrawal: No change proposed.

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A WELL		E 1/2	SE 1/4	29	19	23	150548000	

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SAME								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. \*See Appendix C (list of 2010 improvements to well), attached. See also Appendix B (well report), attached.

4. Purpose of Use: No change proposed

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	900 800	80	Irrigation Season
Domestic		1	Year-round

B. Proposed - None

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<del>Irrigation</del>	<del>900</del>	<del>80</del>	<del>Irrigation Season</del>
Irrigation	800	80	Irrigation Season

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
E 1/2 of SE 1/4							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	29	19	23 EWM	Grant	150548000	80
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *i.e., Clayton Foglesong							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
NW 1/4 SE 1/4; E 1/2 NE 1/4 NW 1/4; SE 1/4 NW 1/4; East 300' of the SW 1/4, NW 1/4, all within							
80 ACRES within the Boundary - SEE WSC 909-908							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		29	19N	25 EWM	Grant	150546000	80 within 109.2
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. \*See Appendix C (map showing features noted above), attached.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ ES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Certificate owned by U.S. Bureau of Reclamation, Department of the Interior.

6. Remarks and Other Relevant Information:

The point of withdrawal is located approximately 1320 feet north and 100 feet west from the SE 1/4 of Section 29, Township 19 North, Range 23 EWM (per Certificate legal description). See however, Appendix D.

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
**\*The right is for standby or emergency use supplemental to "project water service." See Appendix A, page 2, first Provision.**

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Barclay Crane, Manager Partner, RSBC LLC</u> Applicant Printed Name – Title	 Applicant Signature	<u>09/25/13</u> (Date)
_____ Water Right Holder Printed Name	_____ Water Right Holder Signature	_____ (Date)
<u>Clayton Foglesong</u> Land Owner of Existing Place of Use Printed Name	_____ Land Owner of Existing Place of Use Signature	_____ (Date)
<u>Clayton Foglesong</u> Land Owner of Proposed Place of Use Printed Name	_____ Land Owner of Proposed Place of Use Signature	_____ (Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED
- ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED
- ☐ SECTION \_\_\_\_\_ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



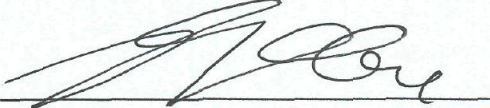
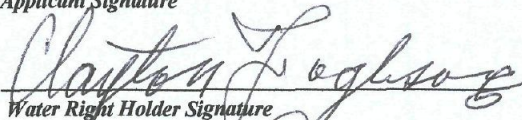
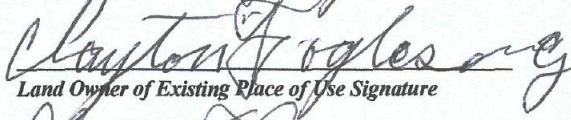
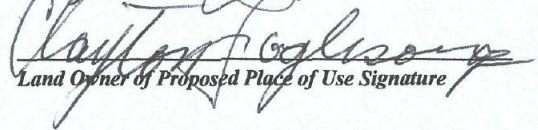
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	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

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- |   |   |
|---|---|
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| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION IS INCOMPLETE          |